Brown County Area Planning Office & Building Dept.

P.O. Box 401, Nashville, IN 47448 Ph: 812-988-5490 Fax: 812-988-5488

OFFICE USE ONLY			
Date:	License #:	Receipt #:	
Fee \$ 25 () Check #:() Cash			

Application for Contractors License

•	(Please Print Clearly)	
Name of Applicant:		
Name & Address of Compa	ny:	
Telephone Number:		
Fax Number:		
Email Address:		
Type of Contractor General N	Mechanical	
Plumbing	State License Number	
Electrical	Date Passed County Electrical Exam	
Insurance You are providing proof of I	Liability Insurance _Company	
Workmen's Compensation I	Insurance _Company	
I have received a copy of On this ordinance.	rdinance#12-17-90-A and agree to abide by the pro	ovisions of
Signature of applicant		
Issued OnSignature of Building	By g Commissioner of Brown County or Authorized Representative	

Thank You for your assistance.

^{**} Due to budget cuts: Please enclose a self addressed stamped envelope for your receipt and contractors ID card.